

YOUR  
LOGO  
(optional)

Company's name  
Address  
Email  
Phone number

# WHOLESALE ORDER FORM

Order ID:

Estimated Shipping Date:

## Your Information:

Name:   
Company:   
Phone:

PO#:   
Email:   
State Tax Resale Number:

## Billing Address:

Address:   
City:  State:   
Country:  Zip:

## Shipping Address (if different):

Address:   
City:  State:   
Country:  Zip:

SKU	Price	Quantity	Total

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Total			

**Terms:** Minimum order for Wholesale 100 dollars. We usually need a 2-3 lead-time. Shipping (USPS, Fedex, ...) included/not included. All Sales are final/Reclamations by email within X days of reception. We reserve the right to change prices without notice at anytime.

## Payment Method:

Credit card ☐

Cheque ☐

Net 30 ☐

Credit Card Number:

Expiration Date:

CVC:

## Note:

Date:

Signature: